

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                                |                                                             |  |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--|--------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><div style="text-align: center; font-size: 1.2em;">Bucshon for Congress</div>                                                           |                                                             |  |                                                  |
| <b>ADDRESS</b> (number and street) PO Box 250                                                                                                                                  |                                                             |  |                                                  |
| <b>CITY, STATE, and ZIP CODE</b><br><div style="display: flex; justify-content: space-between;"> <span>Newburgh</span> <span>IN</span> <span>47629</span> </div>               |                                                             |  |                                                  |
| <b>2. NAME OF CANDIDATE</b><br>Larry D Bucshon                                                                                                                                 | <b>3. OFFICE SOUGHT</b> (State and District)<br>House IN 08 |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00468256 |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                                                             |  |                                                  |

|                                                                                                                                                                                      |                                                                                                                    |                                       |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><div style="text-align: center; font-size: 1.2em;">Robert Jones</div> 1100 Suwanee Drive<br><br>Evansville IN 47725             | Name of Employer<br>Old National Bank<br><br><b>Transaction ID : F6.11027</b><br>Occupation<br>CEO                 | Date (month, day, year)<br>04/25/2012 | Amount<br>1879.20 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><div style="text-align: center; font-size: 1.2em;">Robert Jones</div> 1100 Suwanee Drive<br><br>Evansville IN 47725             | Name of Employer<br>Old National Bank<br><br><b>Transaction ID : F6.11028</b><br>Occupation<br>CEO                 | Date (month, day, year)<br>04/25/2012 | Amount<br>620.80  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><div style="text-align: center; font-size: 1.2em;">Dr. Michelle O'Neill</div> 10345 Wilmington Drive<br><br>Evansville IN 47725 | Name of Employer<br>Fairfield Memorial Hospital<br><br><b>Transaction ID : F6.11026</b><br>Occupation<br>Physician | Date (month, day, year)<br>04/25/2012 | Amount<br>1000.00 |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                                    | Name of Employer<br><br><br>Occupation                                                                             | Date (month, day, year)               | Amount            |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>                                                                                                                                    | Name of Employer<br><br><br>Occupation                                                                             | Date (month, day, year)               | Amount            |

|                                                                                                                              |                           |                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGNATURE (optional)</b><br><i>Mr. John L. Wright</i><br><br><div style="text-align: right;">[Electronically Filed]</div> | <b>DATE</b><br>04/26/2012 | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)